



**Independent Energy Producers Association (IEP)
33rd Annual Meeting – September 17-19, 2014
Stanford Sierra Camp, Fallen Leaf Lake, South Lake Tahoe**



SPONSOR ATTENDEE REGISTRATION FORM

(Please submit separate registration form for each sponsor attendee. Duplicate as needed.)

SPONSOR ATTENDEE INFORMATION

(Please circle one) Mr. / Mrs. / Ms. _____
 Title: _____
 Organization: _____
 Address: _____ City _____ State _____ Zip _____
 Telephone: _____ Fax: _____ E-mail: _____
 Spouse/Other Name If Attending: _____ Children Names If Attending: _____

REGISTRATION (Includes Lodging, Meals, Meetings & Materials)

- \$5,000 Level** - Includes Registration for One (1) \$ _____
- \$7,500 Level** - Includes Registration for Two (2) \$ _____
- \$10,000 Level** - Includes Registration for Three (3) \$ _____
- \$12,500 Level** - Includes Registration for Four (4) \$ _____
- \$15,000 Level** - Includes Registration for Five (5) \$ _____

Please list names of all persons attending under this Sponsorship:

1. _____
2. _____
3. _____
4. _____
5. _____

GUEST AND/OR CHILDREN (Includes Lodging & Meals)

- Guest - 500 \$ _____
- Children (4-12 yrs.) - \$100 x _____ # of Children \$ _____

GOLF TOURNAMENT FEE

- Golf Tournament - \$200 x _____ # of Golfers \$ _____

TOTAL AMOUNT REMITTED (Registrations MUST be Prepaid)

Sponsorship Level (Leave blank if invoice requested.) \$ _____
Guest/Children Registration Total \$ _____
Golf Tournament Total \$ _____
TOTAL PAYMENT BEING SUBMITTED \$ _____

PAYMENT TYPE – CHECK OR CREDIT CARD

- Check **Please make check payable to:**
Independent Energy Producers Association
- Credit Card: American Express
 Master Card
 Visa
- C.C. Card #: _____
- Expiration Date: _____
- Name of C.C.: _____
- Signature: _____

IMPORTANT: PLEASE INDICATE EACH MEAL YOU WILL ATTEND.

- All Meals during the Conference**
- OR --
- Select Each Meal Needed Below:**
- Weds, Sept. 17: Dinner**
- Thurs, Sept. 18: Breakfast** **Lunch** **Dinner**
- Fri, Sept. 19: Breakfast** **Lunch**

Please return registration form & payment to:
 IEP Annual Meeting Sponsor
 1215 K St, Suite 900, Sacramento, CA 95814

**E-mail or Fax SIGNED credit card approval/
 registration form to:** jamie@iepa.com
 (916) 448-0182

PLEASE NOTE: Registration will not be confirmed until payment is received by IEP. Registration will not be accepted by telephone. No exceptions.

CANCELLATIONS POLICY: Cancellations received in writing **before Monday, September 1, 2014** will be refunded minus a \$100 cancellation fee. Cancellations received in writing **on or after Monday, September 1, 2014** will NOT be refunded; however, substitutions will be accepted. All accommodations are final, except as noted above.

